

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	ABSORBENT TISSUE LAYER
Attorney Docket Number::	1517-1026-1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	7
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: ANNA
Middle Name::
Family Name:: MANSSON
City of Residence:: MOLNDAL
State or Province of Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: PINNHARVSGATAN 4D

City of Mailing Address:: MOLNDAL
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-431 47

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: MAGNUS
Middle Name::
Family Name:: FALK
City of Residence:: ONSALA
State or Province of Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: KROKSTRANDSVAGEN 20

City of Mailing Address:: ONSALA
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-439 94

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: ANDERS
Middle Name::
Family Name:: ANDERSSON
City of Residence:: STENUNGSUND
State or Province of Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: SKEPPARGRAND 4A

City of Mailing Address:: STENUNGSUND
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-444 31

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: INGER
Middle Name::
Family Name:: ANDERSSON
City of Residence:: LINDOME
State or Province of Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: HOLMAKRAVAGEN 16G

City of Mailing Address:: LINDOME
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: SE-437 40

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

Representative Customer Number::	000466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional of	60/419,086	10/18/02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignment Information

Assignee Name::

SCA HYGIENE PRODUCTS AB

Street of Mailing Address::

City of Mailing Address::

GOTEBORG

State or Province of Mailing Address::

Country of Mailing Address::

SWEDEN

Postal or Zip Code of Mailing Address::

SE-405, 03